

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 7

2. STATE:

WV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

09/01/00

5. TYPE OF PLAN MATERIAL (Check One):

☒ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 U.S.C. § 1396n(g)

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 900,000

b. FFY 2001 \$ 900,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment for A, D, and E of

Supplement 1 to Attachment 3.1-A, Page 1, 2, 3, and 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Targeted Case Management for Disease State Management

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Elizabeth S. Lawton*

13. TYPED NAME:

Elizabeth S. Lawton

14. TITLE:

Commissioner

15. DATE SUBMITTED:

August 17, 2000

16. RETURN TO:

Elizabeth S. Lawton  
Commissioner  
350 Capitol Street, Room 251  
Charleston, WV 25301-3706

17. DATE RECEIVED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

9/1/00

21. TYPED NAME:

23. REVIEW:

**13. c Preventive Services**Page 4c**Disease State Management**

Disease State Management (DSM) will provide health care by a licensed practitioner in a coordinated approach seeking to prevent serious complications to Medicaid eligible individuals who are determined to have Type 1, Type 2 or gestational diabetes mellitus and have difficulty in achieving blood sugar (glucose) control. Licensed physicians, operating within the scope of their licenses, will provide diabetes with an interdisciplinary support team formed around the recipients' primary care physician. The team may be based on community resources; hospitals, pharmacies, rural health clinics (RHC), federally qualified health center (FQHC), independent certified diabetic educators (CDE), along with other resources that are within each community. The primary care physician will agree to manage the recipient and will be expected to either provide or refer the patients for diabetic educational services.

People with diabetes in this group will benefit from a patient-centered health care approach that is responsive to the unique needs and conditions of people living with diabetes to produce the best treatment outcomes in a cost-effective manner by demonstrating quantifiable and measurable results. A patient evaluation instrument will be used for initial and ongoing screening for patients, including a flow sheet evaluation form and a diabetic educational assessment form. These forms, which are completed by the patient's physician, will define the health care and health related support needs of the patient.

**Components of Disease State Management**

The health care related needs of diabetics recipients will be determined through comprehensive diabetes assessments.

Components will include:

- Diabetic assessment and education which will include a comprehensive assessment of the diabetic's status and health care needs, risk assessment, hygiene, and diet, etc.
- Drug Therapy will include evaluation of the diabetic's medication requirements, oral or injectable, self monitoring of blood glucose, recognition of emergency conditions, etc.
- Diet Management/Education will include education on diet restriction, eating patterns, diet and medication interaction, etc.
- Referral to other providers to meet identified health care needs, such as skin and/or wound care, eye or renal care, etc.

**The Qualifications of Providers**

Providers of CDE may be the following licensed practitioners:

Physicians	Physician Assistants
Advanced Nurse Practitioners	Clinical Psychologists
Social Workers	Dieticians
Registered Nurses	Podiatrists
Pharmacists	Occupational Therapists
Physical Therapists	

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Providers will NOT be enrolled solely to provide disease state management or diabetes education services by certified diabetic educators. Providers will be certified through a process in conjunction with the Bureau for Public Health. Providers must have a provider agreement with the Medicaid agency, must be enrolled as participating providers in Medicaid, and meet the criteria below.

Demonstrate a capacity to provide all core elements of disease state management services including:

- Comprehensive client assessment and service plan development
- Assist the client to access needed services, i.e., assuring that services are appropriate to the clients' needs and that they are not duplicative or overlapping.
- Monitoring and periodically reassess of the client's status and needs.
- Demonstrating an administrative capacity to assure quality of services in accordance with state and federal requirements.
- Demonstrate ability to assure referral processes consistent with 1902 (a) (23), freedom of choice for providers.
- Demonstrate financial management capacity and system that provides documentation of services and cost.
- Demonstrate capacity to document and maintain individual case records in accordance with state and federal requirements
- Provide either by an employee/employer relationship or through contract for the services of a certified diabetic educator.

Certified Diabetic Educators (CDE) must be licensed practitioners and credentials as a Certified Diabetes Educator by the National Certification Board for Diabetes Educators. This certification shows the applicant holds a current unrestricted state license as a registered nurse, an advanced nurse practitioner, pharmacist, physician, physician assistant, podiatrist, physical therapist, occupational therapist, clinical psychologist, social worker, or is registered as a dietician by the Commission on Dietetic Registration.

Disease State Management services are reimbursed on a fee-for service basis with limitations as follows:

<b>Description</b>	<b>Fee</b>	<b>Services Limits</b>
Extended Physician's Office Visit	\$25.00	2 visits/year
<b>Enrolled providers may also bill for the following:</b>		
Comprehensive visit with CDE	\$54.37 (60 min.)	8 hours/year
Group session with CDE	\$32.39 (3-5 individuals)	8 hours/year
Follow-up visits with CDE	\$27.19 (30 min)	2 visits/year
Brief visit with CDE	\$13.59	2 visits/year

The comprehensive education can be a combination of individual and group sessions, not exceeding 8 hours.

Number of total hours involving CDE education cannot exceed 10 hours / year per recipient

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**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP (S):**

- c. Prosthetic devices
- ☒ Provided:      ☐ No limitations      ☒ With limitations\*
- d. Eyeglasses.
- ☒ Provided      ☐ No limitations      ☒ With limitations\*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
- ☐ Provided:      ☐ No limitations      ☐ With limitations\*
- b. Screening services.
- ☐ Provided:      ☐ No limitations      ☐ With limitations\*
- c. Preventative services.
- ☐ Provided:      ☐ No limitations      ☐ With limitations\*
- d. Rehabilitative services.
- ☒ Provided:      ☐ No limitations      ☒ With limitations\*
14. Services for individuals age 65 or older in institutions for mental disease.
- a. Inpatient hospital services.
- ☐ Provided:      ☐ No limitations      ☐ With limitations\*
- b. Skilled nursing facility services.
- ☐ Provided:      ☐ No limitations      ☐ With limitations\*

\* Description provided on attachment

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**AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

## b. Screening services.

- ☐ Provided      ☐ No limitations      ☐ With limitations\*  
☒ Not provided

## c. Preventive services.

- ☒ Provided:      ☐ No limitations      ☒ With limitations\*  
☐ Not provided.

## d. Rehabilitative services.

- ☒ Provided      ☐ No limitations      ☒ With limitations\*  
☐ Not provided.

## 14. Services for individuals age 65 or older in institutions for mental diseases.

## a. Inpatient hospital services.

- ☐ Provided:      ☐ No limitations      ☐ With limitations\*  
☒ Not provided.

## b. Skilled nursing facility services.

- ☐ Provided      ☐ No limitations      ☐ With limitations\*  
☒ Not provided.

## c. Intermediate care facility services.

- ☐ Provided      ☐ No limitations      ☐ With limitations\*  
☒ Not provided.

\* Description provided on attachment.

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TN No. 92-05

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